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IL Dept of Healthcare and Family Services
Division of Child Support Services

INCOME WITHHOLDING FOR SUPPORT

- ☐ INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
☐ AMENDED IWO
☐ ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
☒ TERMINATION OF IWO

Date: APRIL 24, 2019

- ☒ Child Support Enforcement (CSE) Agency ☐ Court ☐ Attorney
☐ Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory State of IL Remittance ID (include w/payment) 1709700/04D001943
City/County/Dist./Tribe LAKE
Private Individual/Entity _____ Order ID 04D001943
Case ID CO1166815

SOCIAL SECURITY ADMINISTRATION RE: ERVIN, RAYMOND N.
Employer/Income Withholder's Name Employee/Obligor's Name (Last, First, Middle)
705 N WHEELING RD _____
Employer/Income Withholder's Address Employee/Obligor's Social Security Number
MOUNT PROSPECT IL 60056-2100 10/10/1955
Employee/Obligor's Date of Birth
ERVIN, SARINA A.
Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN _____

Child(ren)'s Name(s) (Last, First, Middle) Child(ren)'s Birth Date(s)

ERVIN, _____ _____
ERVIN, _____ _____
ERVIN, _____ _____

Entry Date of Order for Support 10/07/2004

ORDER INFORMATION: This document is based on the support order from ONTARIO (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ _____ per _____ current child support
\$ _____ per _____ past-due child support - Arrears greater than 12 weeks? ☐ yes ☐ no
\$ _____ per _____ current cash medical support
\$ _____ per _____ past-due cash medical support
\$ _____ per _____ current spousal support
\$ _____ per _____ past-due spousal support
\$ _____ per _____ other (must specify) _____

for a Total Amount to Withhold of \$ 0.00 per _____

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the Order Information. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ _____ per weekly pay period \$ _____ per semimonthly pay period (twice a month)
\$ _____ per bi-weekly pay period (every two weeks) \$ _____ per monthly pay period.

\$ _____ LUMP SUM PAYMENT. Do not stop any existing IWO unless you receive a termination order.

Document Tracking ID

042419

CO1166815

147375596

147375703

04D001943

Employer's Name: SOCIAL SECURITY ADMINISTRATION Employer FEIN: _____
 Employee/Obligor's Name: ERVIN, RAYMOND N. SSN: [REDACTED]
 Case Identifier: C01166815 Order Identifier: 1709700/04D001943

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is Illinois (State/Tribe), you must begin withholding no later than the first pay period that occurs 14 days after the date of 04/24/2019. Send payment within 7 business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold 50 % of disposable income for all orders. If the obligor is a non-employee, obtain withholding limits from Supplemental Information. If the employee/obligor's principal place of employment is not Illinois (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment. State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or https://www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html.

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit (SDU)), see www.acf.hhs.gov/css/employers/employer-responsibilities/payments.

Include the Remittance ID with the payment and if necessary this locator Code:
1709700/04D001943

| |
|---|
| Remit payment to: <u>State Disbursement Unit</u> (SDU/Tribal Order Payee) |
| at PD Box 5400 Carol Stream IL 60197-5400 (SDU/Tribal Payee Address) |

- ☐ **Return to Sender (Completed by Employer/Income Withholder).** Payment must be directed to an SDU in accordance with sections 466 (b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you must check this box and return the IWO to the sender.

| |
|---|
| If Required by State or Tribal Law: |
| Signature of Judge/Issuing Official: _____ |
| Print Name of Judge/Issuing Official: <u>Healthcare and Family Services</u> |
| Title of Judge/Issuing Official: <u>Division of Child Support Services</u> |
| Date of Signature: _____ |

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

- ☐ If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at:
www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements.

Employers/income withholders may use OCSE's Child Support Portal (<https://ocsp.acf.hhs.gov/csp/>) to provide information about employees who are eligible to receive a lump sum payment, have terminated employment, and to provide contacts, addresses, and other information about their company.

Priority: Withholding for support has priority over any other legal process under State law against the same income (section 466(b)(7) of the Social Security Act). If a federal tax levy is in effect, please notify the sender.

Combining Payments: When remitting payments to an SDU or tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

Payments To SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a court, attorney or private individual/entity and the initial order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

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Employer's Name: SOCIAL SECURITY ADMINISTRATION Employer FEIN: _____
 Employee/Obligor's Name: ERVIN, RAYMOND N. SSN: ██████████
 Case Identifier: CO1166815 Order Identifier: 1709700/04D001943

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the state (or tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the state or tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

Lump Sum Payments: You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure. See attached supplemental sheet for details regarding: "Duties of, and Fines and Penalties Applicable to, the Payor Under Illinois Law."

Anti-discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO. See attached supplemental sheet for details regarding: "Rights, Remedies and Duties of the Obligor Under Illinois Law."

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 USC 1673(b)); or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment, if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. Disposable income is the net income after mandatory deductions such as state, federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - to 55% and 65% - if the arrears are greater than 12 weeks. If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

Depending upon applicable state or tribal law, you may need to consider amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Arrears greater than 12 weeks? If the Order Information section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

Supplemental Information:

Withholding limits for obligors who are non-employees: The payor shall calculate all applicable deductions to a non-employee obligor's income as if the non-employee were an employee, whether or not the deductions are actually taken from the non-employee obligor's income. If you cannot withhold the full amount of support for any or all orders for this non-employee obligor, withhold 50% of disposable income for all orders.

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Employer's Name: SOCIAL SECURITY ADMINISTRATION Employer FEIN: _____
 Employee/Obligor's Name: ERVIN, RAYMOND N. S: [REDACTED]
 Case Identifier: C01166815 Order Identifier: 1709700/04D001943

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the contact information below:

- ☐ This person has never worked for this employer nor received periodic income.
☐ This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known telephone number: _____

Last known address: _____

Final payment date to SDU/Tribal Payee: _____ Final payment amount: _____

New employer's name: _____

New employer's address: _____

CONTACT INFORMATION:

To Employer/Income Withholder: If you have questions, contact the Income Withholding Unit (issuer name) by telephone: (312) 803-7253, Toll Free: 1-888-245-1938, by fax: (888) 227-0370, by e-mail or website: www.childsupport.illinois.gov.

Send termination/income status notice and other correspondence to:

IL Dept of Healthcare and Family Services Division of Child Support Services
PO Box 641097 Chicago IL 60664-1097 (issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact the Income Withholding Unit (issuer name) by telephone: (312) 803-7253, Toll Free: 1-888-245-1938, by fax: (888) 227-0370, by e-mail or website: www.childsupport.illinois.gov.

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

The Paperwork Reduction Act of 1995

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting for this collection of information is estimated to average two to five minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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IL Dept of Healthcare and Family Services
Division of Child Support Services
DCSS-LAKE COUNTY OFFICE
2133 BELVIDERE RD 147375703
WAUKEGAN IL 60085-6153

ATTN: PAYROLL DEPT.
SOCIAL SECURITY ADMINISTRATION
705 N WHEELING RD
MOUNT PROSPECT IL 60056-2100

Re: RAYMOND N. ERVIN
Case #: CO1166815
FIPS/Docket #: 1709700/04D001943

Custodial parent name: SARINA A. ERVIN
CP RIN: 147375596

INCOME WITHHOLDING INITIATION/CHANGE

Our records indicate that RAYMOND N. ERVIN, is an employee of your company. Please read all documents in the packet and respond as directed.

If you or your employee/obligor have any questions regarding the contents of this packet, contact Income Withholding Unit by telephone at 1-888-245-1938, by Fax at (888) 227-0370, or by Internet at childsupport.illinois.gov.

Effective immediately, please terminate withholding for child support. Per the enclosed HFS 3683, Income Withholding for Support form, RAYMOND N. ERVIN [REDACTED] is no longer obligated to pay child support under FIPS/docket # 1709700/04D001943.

IF THE EMPLOYEE LISTED ABOVE IS NOT PRESENTLY EMPLOYED BY YOUR COMPANY, PLEASE COMPLETE THE LAST PAGE OF THE HFS 3683, INCOME WITHHOLDING FOR SUPPORT, FAX IT TO THE NUMBER BELOW AND DESTROY ALL OTHER FORMS IN THIS PACKET. If you are unable to fax this page, please mail it in the envelope provided.

Fax responses to: (888) 227-0370
If you have questions, call: 1-888-245-1938

HOT NEWS!!!!

A NEWER AND SIMPLER WAY TO REPORT NEW HIRES AND TERMINATED EMPLOYEES

Now you can directly upload files through the following website -
childsupport-employers.illinois.gov

This can save you both time and money. Illinois law requires all employers to notify the IL Dept of Employment Security of an employee's new hire within 20 days. Do not wait to submit this info on the quarterly wage report.

Questions? Call: 1-888-245-1938 or check out the website.

If your income withholding/garnishment address is different from the address listed above, please provide below and fax to 217-524-1218.

Phone _____
Email _____
Fax _____

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CO1166815

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04D001943

HFS 3598 (R-10-16)

IL Dept of Healthcare and Family Services
 Division of Child Support Services
 DCSS-LAKE COUNTY OFFICE
 2133 BELVIDERE RD 147375703
 WAUKEGAN IL 60085-6153

147375703/ /3683
 ATTN: PAYROLL DEPT.
 SOCIAL SECURITY ADMINISTRATION
 705 N WHEELING RD
 MOUNT PROSPECT IL 60056-2100

Re: RAYMOND N. ERVIN
 Case #: CO1166815
 FIPS/Docket #: 1709700/04D001943

Custodial parent name: SARINA A. ERVIN
 CP RIN: 147375596

The information Contained in This Packet is Confidential

DO NOT MAIL CHILD SUPPORT CHECKS IN THE ENVELOPE PROVIDED

If you knowingly fail to pay any amounts withheld within 7 days of the date income is paid/credited to the employee/obligor, you are subject to a penalty of \$100 for each day that the withheld amount is not paid to the obligee or public office after the period of 7 business days has expired. You are required to withhold if you are served at any of your business locations.

- Deductions for more than one employee may be reported on the same remittance form and combined into one check. For each deduction, you are to provide the pay date/date of withholding, the order/docket number and FIPS number (which designates the county in which the order was entered), the employee/obligor's first and last name.
- Each withholding order/notice **MUST** be listed separately if the employee has more than one order/notice.
- Complete all boxes below for each employee included in your attached check to ensure PROPER CREDIT.

If you plan on remitting payments to the SDU by EFT/EDI, please contact the SDU at (888) 704-0683 prior to first transmission. This number is for EFT/EDI only. Additional employer information may be found at childsupport.illinois.gov or by contacting the Income Withholding Unit.

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INCOME WITHHOLDING REMITTANCE FORM (You MUST include this portion with payment)

| | | |
|---------------------------------|--------------------------------|-----------------------------------|
| <u>Employer Name</u> | SOCIAL SECURITY ADMINISTRATION | <u>State Disbursement Unit</u> |
| <u>Employer Address</u> | 705 N WHEELING RD | <u>PO Box 5400</u> |
| <u>Employer City, State Zip</u> | MOUNT PROSPECT IL 60056-2100 | <u>Carol Stream IL 60197-5400</u> |

For the Withholding/Pay date of _____

| Employee/ Name | Social Security # | FIPS#/Docket # | Amount Withheld | Date Paid To Obligor |
|-------------------|----------------------|-------------------|--------------------|-------------------------|
| RAYMOND N. ERVIN | ██████████ | 1709700/04D001943 | | |
| | | | | |
| | | | | |

Total Withheld Income Submitted _____

042419 CO1166815 147375596 147375703 04D001943

ILLINOIS SUPPLEMENT TO THE INCOME WITHHOLDING ORDER FOR SUPPORT (IWO), OMB 0970-0154

Duties of, and Fines and Penalties Applicable to, the Payor Under Illinois Law:

- 1) The payor shall deduct the amount designated in the income withholding notice, as supplemented by any notice provided pursuant to section 45(f) of the Income Withholding for Support Act, beginning no later than the next payment of income which is payable or creditable to the obligor that occurs 14 days following the date the income withholding notice was mailed, sent by facsimile or other electronic means, or placed for personal delivery to or service on the payor. The payor may combine all amounts withheld for the benefit of an obligee or public office into a single payment and transmit the payment with a listing of obligors from whom withholding has been effected. The payor must pay the amount withheld to the State Disbursement Unit within 7 business days after the date the amount would (but for the duty to withhold income) have been paid or credited to the obligor. If the payor knowingly fails to withhold the amount designated in the Income Withholding Notice or to pay the amount withheld to the State Disbursement Unit within 7 business days after the date the amount would have been paid or credited to the obligor, the payor shall pay a penalty of \$100 for each day that the amount designated in the income withholding notice (whether or not withheld by the payor) is not paid to the State Disbursement Unit after the period of 7 business days has expired. The total penalty for a payor's failure, on one occasion, to withhold or pay to the State Disbursement Unit an amount designated in the income withholding notice may not exceed \$10,000. This penalty may be collected in a civil action which may be brought against the payor in favor of the obligee or public office. An action to collect the penalty may not be brought more than one year after the date of the payor's alleged failure to withhold or pay income. For each withholding, the payor shall provide the State Disbursement Unit, at the time of transmittal, with the date the amount would (but for the duty to withhold income) have been paid or credited to the obligor. For withholding of income, the payor shall be entitled to receive a fee not to exceed \$5 per month to be taken from the income to be paid to the obligor. Whenever the obligor is no longer receiving income from the payor, the payor shall return a copy of the income withholding notice to the obligee or public office and shall provide information for the purpose of enforcing the Income Withholding for Support Act. Withholding of income shall be made without regard to any prior or subsequent garnishments, attachments, wage assignments, or any other claims of creditors. The income withholding notice is binding upon the payor until service on the payor of an order of the court or notice from either the Department or Clerk of the Circuit Court to cease the withholding.
- 2) If any unpaid arrearage or delinquency equal to at least one month's support obligation exists on the termination date stated in the order for support or, if there is no termination date stated in the order, on the date the child attains the age of majority or is otherwise emancipated, then the periodic amount required to be paid for current support of that child immediately prior to that date shall automatically continue to be an obligation, not as current support but as periodic payment toward satisfaction of the unpaid arrearage or delinquency. That periodic payment shall be in addition to any periodic payment previously required for satisfaction of the arrearage or delinquency. The total periodic amount to be paid toward satisfaction of the arrearage or delinquency may be enforced and collected by any method provided by law for the enforcement and collection of child support, including but not limited to income withholding under the Income Withholding for Support Act.
- 3) Income available for withholding shall be applied first to the current support obligation, then to any premium required for employer, labor union, or trade union related health insurance coverage ordered under the order for support, and then to payments required on past-due support obligations. If there is insufficient available income remaining to pay the full amount of the required health insurance premium after withholding of income for the current support obligation, then the remaining available income shall be applied to payments required on past-due support obligations. If the payor has been served with more than one income withholding notice pertaining to the same obligor, the payor shall allocate income available for withholding on a proportionate share basis, giving priority to current support payments. No payor shall discharge, discipline, refuse to hire or otherwise penalize an obligor because of the duty to withhold income. Where a payor willfully fails to withhold or pay over income pursuant to a properly served income withholding notice, or willfully discharges, disciplines, refuses to hire or otherwise penalizes an obligor, or otherwise fails to comply with any duties imposed by the Income

ILLINOIS SUPPLEMENT TO THE INCOME WITHHOLDING ORDER FOR SUPPORT (IWO), OMB 0970-0154

Withholding for Support Act, the obligee, public office or obligor, as appropriate, may file a complaint with the court against the payor. Upon a finding in favor of the complaining party, the court shall enter judgment and direct the enforcement thereof for the total amount that the payor willfully failed to withhold or pay over; and may order employment or reinstatement of or restitution to the obligor, or both, where the obligor has been discharged, disciplined, denied employment or otherwise penalized by the payor and may impose a fine upon the payor not to exceed \$200.

- 4) If an obligee who is receiving income withholding payments under the Income Withholding for Support Act does not receive a payment required under the income withholding notice, he or she must give written notice of the non-receipt to the payor. The notice must include the date on which the obligee believes the payment was to have been made and the amount of the payment. The obligee must send the notice to the payor by certified mail, return receipt requested. After receiving a written notice of non-receipt of payment under section 45(j) of the Income Withholding for Support Act, a payor must, within 14 days thereafter, either (i) notify the obligee of the reason for the non-receipt of payment or (ii) make the required payment, together with interest at the rate of 9% calculated from the date on which the payment of income should have been made. A payor who fails to comply with section 45(j) of the Income Withholding for Support Act is subject to the \$100 per day penalty provided pursuant to subsection (a) of Section 35 of the Income Withholding for Support Act.

Rights, Remedies and Duties of the Obligor Under Illinois Law:

- 1) An employer cannot discharge, discipline, refuse to hire, or otherwise penalize the obligor because of the duty to withhold. If the employer does so, the employer may be ordered to reinstate or provide restitution to the obligor, or both, and may be fined up to \$200, pursuant to a complaint filed by the obligor in the circuit court. The obligor is required by law to notify the Department/Clerk of the Circuit Court of any new address or employer within 7 days of the change. At any time after the initial service of the income withholding notice, the Department may serve any employer with the same income withholding notice without further notice to the obligor. New service of an income withholding notice is not required in order to resume withholding of income in the case of an obligor with respect to whom an income withholding notice was previously served on the payor if withholding of income was terminated because of an interruption in the obligor's employment of less than 180 days.
- 2) If any unpaid arrearage or delinquency equal to at least one month's support obligation exists on the termination date stated in the order for support or, if there is no termination date stated in the order, on the date the child attains the age of majority or is otherwise emancipated, then the periodic amount required to be paid for current support of that child immediately prior to that date shall automatically continue to be an obligation, not as current support but as periodic payment toward satisfaction of the unpaid arrearage or delinquency. That periodic payment shall be in addition to any periodic payment previously required for satisfaction of the arrearage or delinquency. The total periodic amount to be paid toward satisfaction of the arrearage or delinquency may be enforced and collected by any method provided by law for the enforcement and collection of child support, including but not limited to income withholding under the Income Withholding for Support Act.
- 3) The obligor may contest initiated income withholding under Section 30 of the Income Withholding for Support Act, or the obligor may contest income withholding after accrual of delinquency under Section 25 of the Act, by filing a petition to contest withholding with the Clerk of the Circuit Court if the order was issued by the court, or petitioning the Department if the order for support was issued administratively by the Department. The obligor must file the petition within 20 days after service of a copy of the income withholding notice. However, as required by law, the grounds for the request to contest the initiated income withholding shall be limited to whether the parties' written agreement providing an alternative arrangement to immediate withholding continues to ensure payment of support, or misidentification of the obligor. As required by law, the grounds for the petition to contest withholding after accrual of delinquency shall be limited to a dispute concerning the existence or amount of the delinquency, or misidentification of the obligor. The obligor may, at any time, file with the Circuit Clerk or Department a petition to correct a term contained in an income withholding notice to conform to the terms stated in the underlying order for support for the amount of current support, the amount of the arrearage, the periodic amount for payment of the arrearage, or the periodic amount for payment of the delinquency, or to modify, suspend or terminate the income withholding notice because of a modification, suspension or termination of the underlying order for support; or, suspend the income withholding because of inability to deliver income withheld to the obligee due to the obligee's failure to provide a mailing address or other means of delivery. Any obligee, public office or obligor who willfully initiates a false proceeding under the Income Withholding for Support Act may be punished as in cases of contempt of court.